



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1234

1. **Project Title** HOPE - Health, Opportunity, Prevention, Early Intervention2. **Senate Sponsor** Joe Gruters3. **Date of Request** 11/04/20194. **Project/Program Description**

HOPE provides a comprehensive focus on access to prevention and early intervention for individuals in the behavioral healthcare system in a seamless, coordinated way, utilizing the peer & family navigator model to promote early access, engagement, and coordination of services for children, adolescents, and young adults (ages 0-25). The target population are those with emotional or behavioral challenges, or who are believed to be at-risk for out-of-home placement, or in need of referral to higher-level mental health or substance use treatment, special education, child-welfare, or juvenile justice services. HOPE includes intervention by HOPE Navigators (peer and family peer) in targeted systems: Education/School-based; Healthcare (mental health and substance abuse); Juvenile Justice/Criminal Justice; Child Welfare; Faith-based and administrative oversight/supervision through an identified local behavioral health provider.

5. **State Agency to receive requested funds** Department of Children and FamiliesState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	600,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	600,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	600,000	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year. 600,000



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#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Supervision for peer and family peer navigators	24,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Family and peer navigators	506,000
Expense/Equipment/Travel/Supplies/Other	Office equipment, office supplies, travel expenses	70,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		600,000



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#### 11. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The goal of HOPE is to provide a comprehensive focus on access to prevention and early intervention for individuals in the behavioral healthcare system in a seamless, coordinated way. HOPE includes intervention by HOPE Navigators (peer and family peer) in targeted systems: Education/School-based; Healthcare (mental health and substance abuse); Juvenile Justice/Criminal Justice; Child Welfare; Faith-based.

b. What activities and services will be provided to meet the intended purpose of these funds?

Connections and follow up (ongoing support) for individuals and families in the behavioral healthcare system to services including, but not limited to, mental health, job training, education, primary health care.

c. What direct services will be provided to citizens by the appropriation project?

Navigation through the behavioral healthcare system and specific connections and support to services that are needed within the system of care (health, education, support, criminal justice, etc.)

d. Who is the target population served by this project? How many individuals are expected to be served?

Any individual living with a mental health condition (children, adolescents, young adults, adults) who are in the behavioral health system that need navigation within their system of care or for community services (job training, education, health care, support). Serves 100-200 individuals and their families.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Avoidance of more costly, restrictive and long-term behavioral health treatment through early identification, prevention, treatment and support. Administrative oversight and performance measures developed for each system of care.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Return of funds.



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12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A

13. Requestor Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☒ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.